

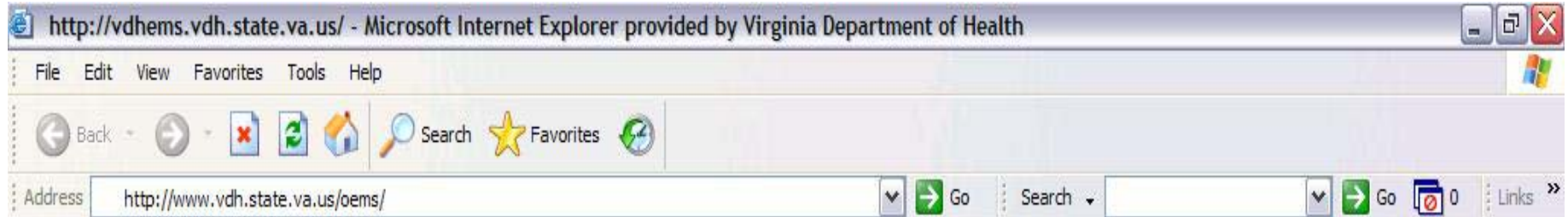
# Virginia's

## PREHOSPITAL PATIENT CARE REPORTING SYSTEM

Presented by:



# Office of EMS Web site



[www.vdh.state.va.us/oems](http://www.vdh.state.va.us/oems)

Virginia Department of Health - Microsoft Internet Explorer

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Office of Emergency Medical Services



Mission Statement

To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide emergency medical services (EMS) system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

Find Programs:

PPCR (Pre-Hospital Patient Care Reporting)

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EMS News

New 2004 Legislation Requires EMS Providers to Report Elderly Abuse

Disaster Medical Assistant Team forms in Virginia

2004 Governor's and Regional EMS Awards Program

 ILARC Survey of EMS Agencies

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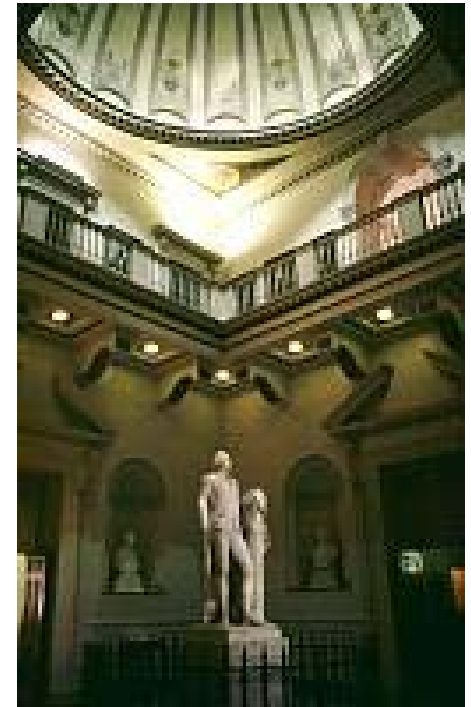
# WHY COLLECT THE DATA?

- Documents Patient Care
- Identifies Training Needs
- EMS System Evaluation
- Assists In Developing New Treatments
- RSAF Grant Application Review
- Prove Funding Needs
- Legislative Advocacy
- Identify Injury Prevention Needs

COMMONWEALTH OF VIRGINIA PRE-HOSPITAL PATIENT CARE REPORT				HEALTH DEPARTMENT FORM #				N 3582701																																																																											
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# Data Collection Mandated by:

The *Code of Virginia*  
Section 32.1-116.1





# *Code of Virginia*



1. EMS Agencies shall Participate
2. EMS Agencies shall make the data available to OEMS
3. The minimum data set shall be submitted.

# Data Collection Confidentiality:

Section 32.1-116.2



- A. The Commissioner and all other persons to whom data is submitted shall keep patient information confidential...
- B. No individual, licensed EMS agency, hospital, Regional Emergency Medical Services Council or organization shall be liable...

# Data Collection Confidentiality Exception:

The PPCR can be given upon request to:

- The patient upon written request or to their legal guardian (i.e. a minor)
- To law enforcement officials when the patient is the victim of a crime or when the patient has been arrested and received or refused care.
- By the Department of Labor or designee in a work related injury or death.

These exception can be referenced in §32.1-127.1:03 Section D-1,27 & 29



# **“INCIDENT DOCUMENTATION”**

The recording of all patient  
assessment and treatment  
performed by licensed EMS agencies

## **“DATA SUBMISSION”**

Sending the minimum data  
that is collected to the Office of EMS

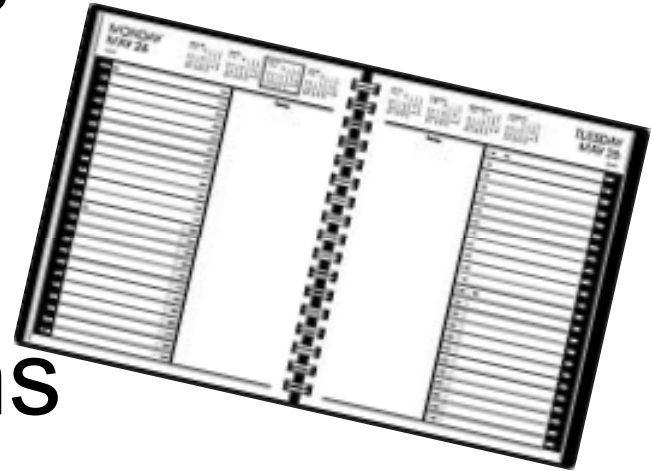
# WHAT MUST BE DOCUMENTED?

1. All Incidents Responded To:
  - Cancelled Calls
  - Stand-bys
  - Refusals
  - Transfers
2. All assessments and/or  
Treatments Performed

# EXCEPTIONS

(Data Submission Not Required)

1. Prescheduled Testing / Evaluations
2. Discharges
3. Scheduled Admissions
4. Administrative Use of Vehicles



1. Virginia PPCR
2. Local / Agency PPCR
3. Software

[illegible]

# COMPLETING THE VA. PPCR

1. Write on a FIRM Surface
2. Use **BLACK** or **BLUE** Ballpoint Ink
3. If Form Is Folded, Place Firm Item In Between Folds
4. Be Neat, Thorough and Accurate!

# 1. Response & Demographics

## 2.Patient Care

# Response & Demographics

- Response information needed for assessing Virginia's EMS System.
- Demographic information is the patient's age, sex, race and social security number and is needed to monitor trends in illness and injury patterns and are essential to link PPCR to other health care databases

# Response & Demographic Information

- Strengths and weaknesses in EMS resources available
- System response
- Response times
- Provides specific patient info used to link patients to other databases, such as the Trauma Registry
- Patient information used for epidemiological analysis.



# SOCIAL SECURITY NUMBERS

Most important unique patient identifier

Can be used to Link patients to other databases such as the Trauma Registry and Hospital Discharge Info

# Patient Care Information

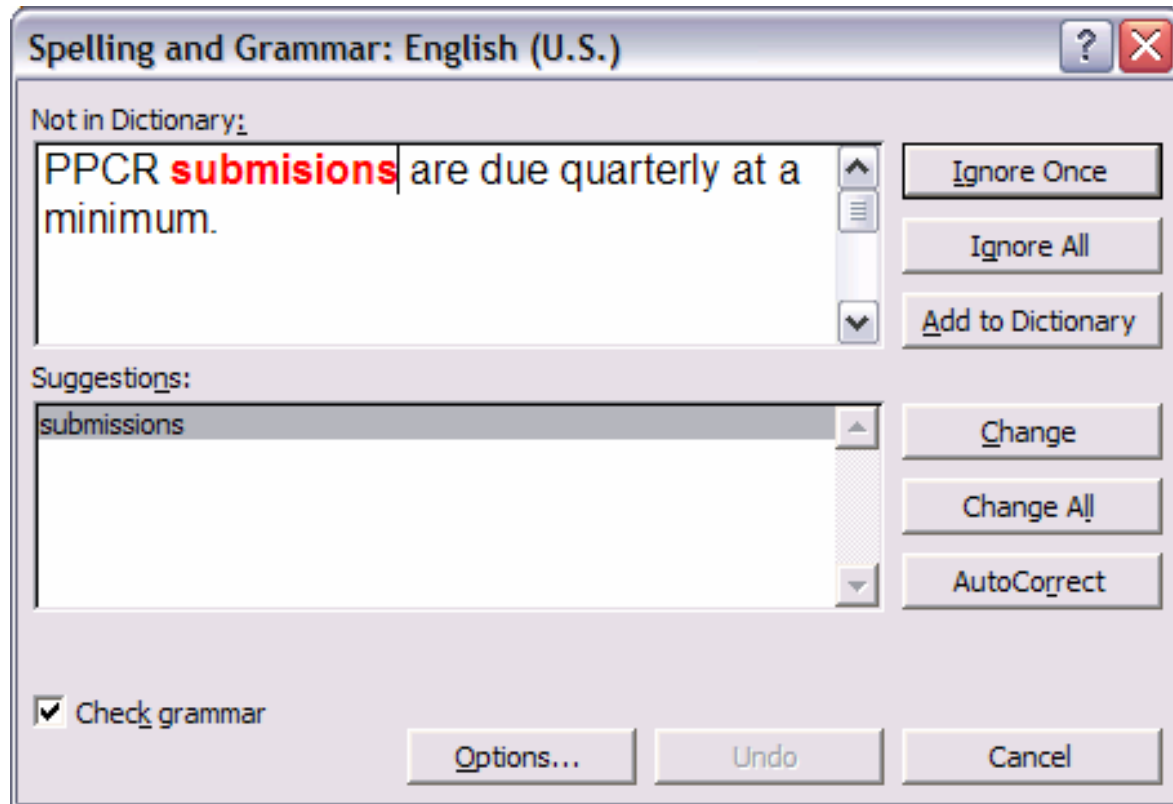
- Documents the providers assessment, interventions and response to treatment.
- This is the patients EMS medical record.
- Medical/legal documentation of the patient's EMS encounter.
- Should reflect all care provided to the patient.
- Could be used for legal purposes.

# “NOT APPLICABLE” SECTIONS

1. Draw Line Through Section  
and Write “N/A”

2. If Item Does Not Apply Use:  
“N/A”

# *REVIEW FOR ACCURACY!*



# WHO GETS WHICH COPIES?

1. WHITE - EMS Agency

2. PINK - Receiving Facility

3. GOLDENROD - Pharmacy



*COPIES ARE NOT SENT TO OEMS*

# SEPARATE ADDENDUM

Information not recorded on  
Original PPCR should be placed  
on separate addendum Form,  
developed by your agency

# BACK OF GOLDENROD COPY

1. Adult Revised Trauma Score
2. Rule of Nine's
3. APGAR Scoring System
4. Checklist of Altered LOC
5. Race and Gender Codes
6. Normal Pediatric Weights and Vital Signs
7. Virginia Board of Pharmacy Regulations

# BACK OF WHITE COPY

1. Informed Consent Form
2. Billing Information
3. Patient Belongings Inventory
4. Attach ECG Strips Here





# ORDERING ADDITIONAL FORMS

## **Prehospital Patient Care Report (PPCR) Order Form**

EMS Agency Name:

EMS Agency Number:  Daytime Telephone Number:

Shipping Address:   
(indicate physical delivery/911 address – NOT Post Office Box)

City State Zip Code:

EMS Agency Email Address:

Special Mailing Instructions:

Number of PPCR Forms Needed:

Please return this form to:

Office of Emergency Medical Services  
Attn: PPCR Orders  
109 Governor Street, Suite UB-55  
Richmond VA 23219

OR fax this form to: (804) 864-7580

# Submitting PPCR Data to OEMS

- Required by the *Code of Virginia* & EMS Regulations.
- All data must be submitted on time and to OEMS' Technical specifications
- The minimum data set must be reported.
- Poor data submitted shall not be considered compliance to the Code & Regulations and may be returned.

# Submitting PPCR Data to OEMS

- Agencies opting to use their own program to submit are responsible for the timely submission of PPCR data.
- OEMS' PPCR program is the default program and should be used until another program is approved, tested and functioning with the Office of EMS' MIS staff.

# DATA SUBMISSION OPTIONS

1.EMS Agency

PPCR File Upload



2.Electronic Media

Submission



3.Scannable Forms

(Bubble Sheets)

*ALL ELECTRONIC  
SUBMISSIONS  
MUST MEET*

*“OEMS’ TECHNICAL  
SPECIFICATIONS”*

# SUBMISSION GUIDELINES

1. At least Quarterly submissions
2. May submit more frequently
3. Due last day of month that follows the end of the quarter

# SUBMISSION SCHEDULE

## QUARTER

## DUE BY:

January - March

April 30<sup>th</sup>

April - June

July 31<sup>st</sup>

July - September

October 31<sup>st</sup>

October - December

January 31<sup>st</sup>

# Submitting PPCR Data via the OEMS Web site

EMS Agency PPCR  
File Upload



Virginia Department of Health - Microsoft Internet Explorer

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## Office of Emergency Medical Services



**Mission Statement**

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- [Disaster Medical Assistant Team forms in Virginia](#)
- [2004 Governor's and Regional EMS Awards Program](#)
-  [JLARC Survey of EMS Agencies](#)

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## Office of Emergency Medical Services

### Pre-Hospital Patient Care Reporting

[Vendor List](#)

[Frequently Asked Questions](#)

[Download PPDR Data Collection software](#) (Updated 10-30-2002)

[Request a CD version of the software](#)

[Request the FireHouse Add-In](#)

The Office of Emergency Medical Services has developed an add-in to the Firehouse software program that will allow EMS agencies to capture and submit required PPCR data. This add-in was written using the Firehouse software and includes all of the lookup tables, user-defined screens and queries necessary for compliance with PPCR submission requirements.

[PPDR File Upload](#)

Agencies can now submit their PPCR files to EMS over the internet.

[EMS Data from PPCR \(204 KB\)](#)

Graphs depicting an analysis of the PPDR data collected from January 1, 2002 - June 30, 2002.

### Downloads

The Adobe Reader is needed to view and print most of these files.  
You can [download it here for free](#)

Get Acrobat Reader

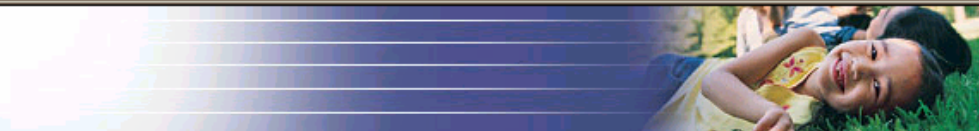

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## Office of Emergency Medical Services

### Pre-Hospital Patient Care Reporting

**Security Alert**

You are about to view pages over a secure connection.

Any information you exchange with this site cannot be viewed by anyone else on the Web.

☐ In the future, do not show this warning

OK More Info

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[Frequently Asked Questions](#)

[Download Forms](#)

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## EMS Agency Sign In

---

Agency Name

Find EMS agency by typing the first character of the EMS agency name. Next, use the "up" and "down" arrow to select your choice.

Password

Enter the agency password. Note:  
Password is case sensitive.



Agency Passwords were distributed by mail. For password problems contact G. Girard at:  
Gerald.Girard@vdh.virginia.gov or 804-864-7596.

Press to sign in

Please provide us with your e-mail address on the next page after you sign in.

If you have forgotten your password press this button and your password will be sent to you in an e-mail. Please allow 24hrs for delivery of the e-mail.

Upgrade your browser to 128 bit encryption

  Netscape

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## EMS Agency Sign In

Agency Name   
Find EMS agency by typing the first character "up" and "down" arrow to select your choice

Password   
Agency Passwords were distributed by mail. password problems contact G. Girard at: Gerald.Girard@vdh.virginia.gov or 804-864-7

Press to sign in

Please provide us with your e-mail address on the next page after you sign in.

If you have forgotten your password press this button and your password will be sent to you in an e-mail. Please allow 24hrs for delivery of the e-mail.

Upgrade your browser to 128 bit encryption

GET Microsoft Internet Explorer Netscape

Microsoft Internet Explorer

Please update the email address on the next page so that we can keep you abreast of new services. Thank You.

OK

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**EMS Agency** Sign In Confirmation

Name	640 COMMUNITY RESCUE - 499	e-Mail Address	<input type="text"/>
Address	PO BOX 65 JAVA VA 24565		<input type="button" value="Change Email Address"/>
License	Ground Ambulance - ALS		
Expiration	03/27/2005		
County	PITTSYLVANIA	New Password	<input type="text"/>
Business Phone	434-432-2507	Repeat New Password	<input type="text"/>
OEMS Program Representative	Paul Fleenor		<input type="button" value="Change Password"/>

Password must be 8 characters with letters, numbers and special characters.

Select one of these options:

**PPCR File Upload**

**CGAP File Upload**  
(Grant Application)

**Firehouse PPCR File Upload**

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Done

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## EMS Agency PPCR File Upload

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Agency Name 640 COMMUNITY RESCUE

Reporting Period \* FROM TO

July 15 2004 July 15 2004

Enter the start of your Reporting period. Enter the end of your Reporting period.

File Type \* ☒ OEMS PPCR ☐ Other

If you use the OEMS PPCR Program select "OEMS PPCR" otherwise select "Other". We do not currently accept Firehouse files. Enter your name and position within your agency.

Your Name and Position \*

Your E-mail Address \*

Enter the file name \*  Browse...

Press the Browse button and select the file you wish to upload. By default, the OEMS PPCR transmittal files are located in the directory C:\ProgramFiles\vdh\PPdr.

\* required item

When you have completed all required fields press Upload File Now.

Press to upload the file

If you wish to send a message regarding this upload to the staff who will process this file please enter it in "Comments."

Comments

Done

Start Re: PPCR Education - Inb... Microsoft PowerPoint - [PP... EMS Agency PPCR Fi...

Internet 12:16 PM

# To Submit by Disk

- Create floppy disk or CD
- Mail to:
  - Office of EMS
  - P.O. Box 2448
  - Richmond, Virginia 23218
- Label the disk with agency name & number and contact information
- Mail in an envelope designed for floppy disks or CD's.



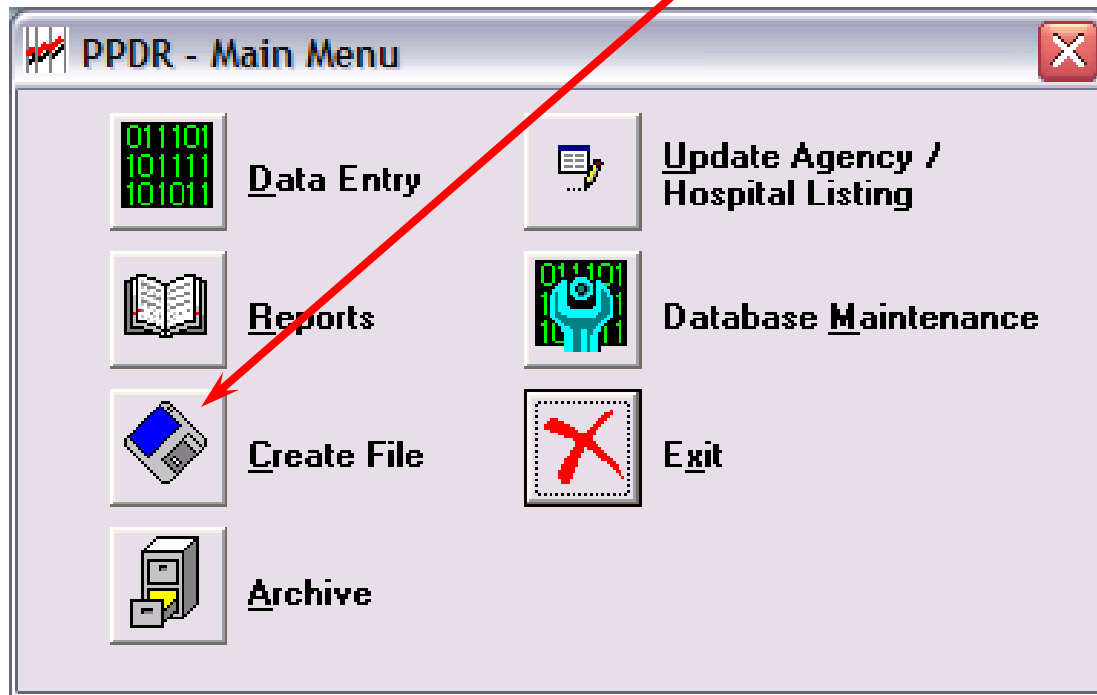
# To Submit by Disk

Follow the next slides to submit  
your agencies PPCR data by 3 ½  
“ floppy disk or CD



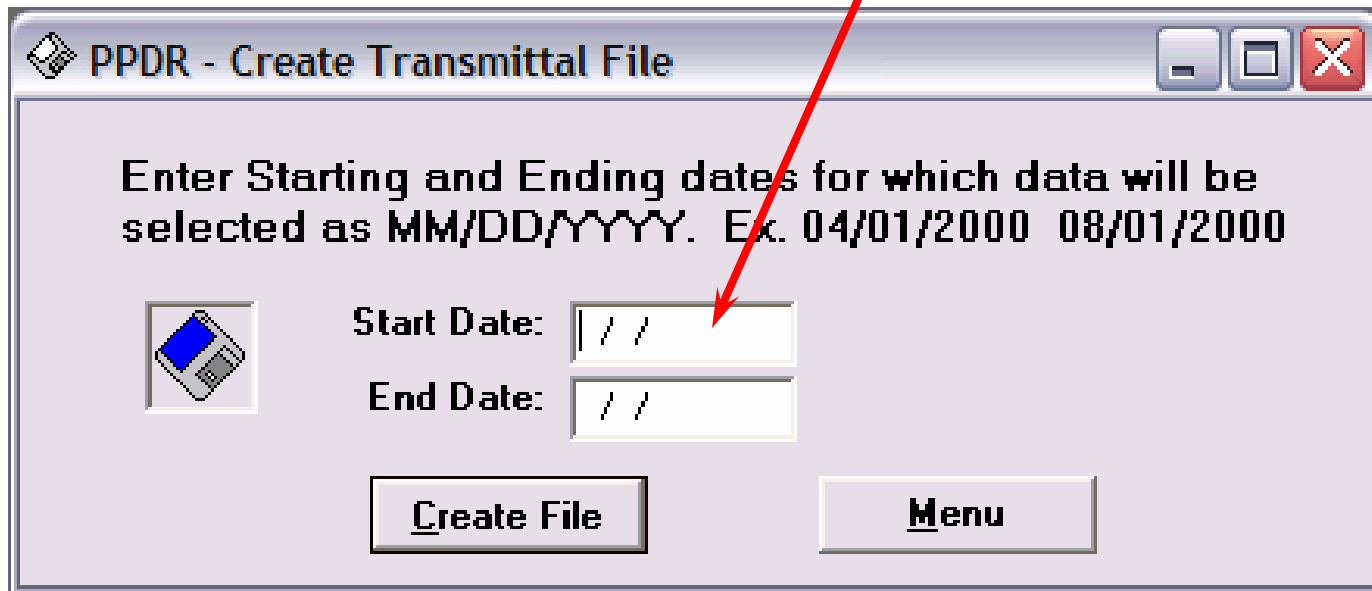
# To Submit by Disk

On the PPCR Software Main Menu  
choose “Create File”




# To Submit by Disk

Next, fill in the date range for the quarter you are submitting.



PPDR - Create Transmittal File

Enter Starting and Ending dates for which data will be selected as MM/DD/YYYY. Ex. 04/01/2000 08/01/2000

 Start Date:

End Date:


# To Submit by Disk

Example of 1<sup>st</sup> Quarter of 2005 date format



PPDR - Create Transmittal File

Enter Starting and Ending dates for which data will be selected as MM/DD/YYYY. Ex 04/01/2000 08/01/2000




Start Date: 01/01/2005

End Date: 03/31/2005

Create File


Menu

# To Submit by Disk



PPDR - Create Transmittal File

Enter Starting and Ending dates for which data will be selected as MM/DD/YYYY. Ex. 04/01/2000 08/01/2000

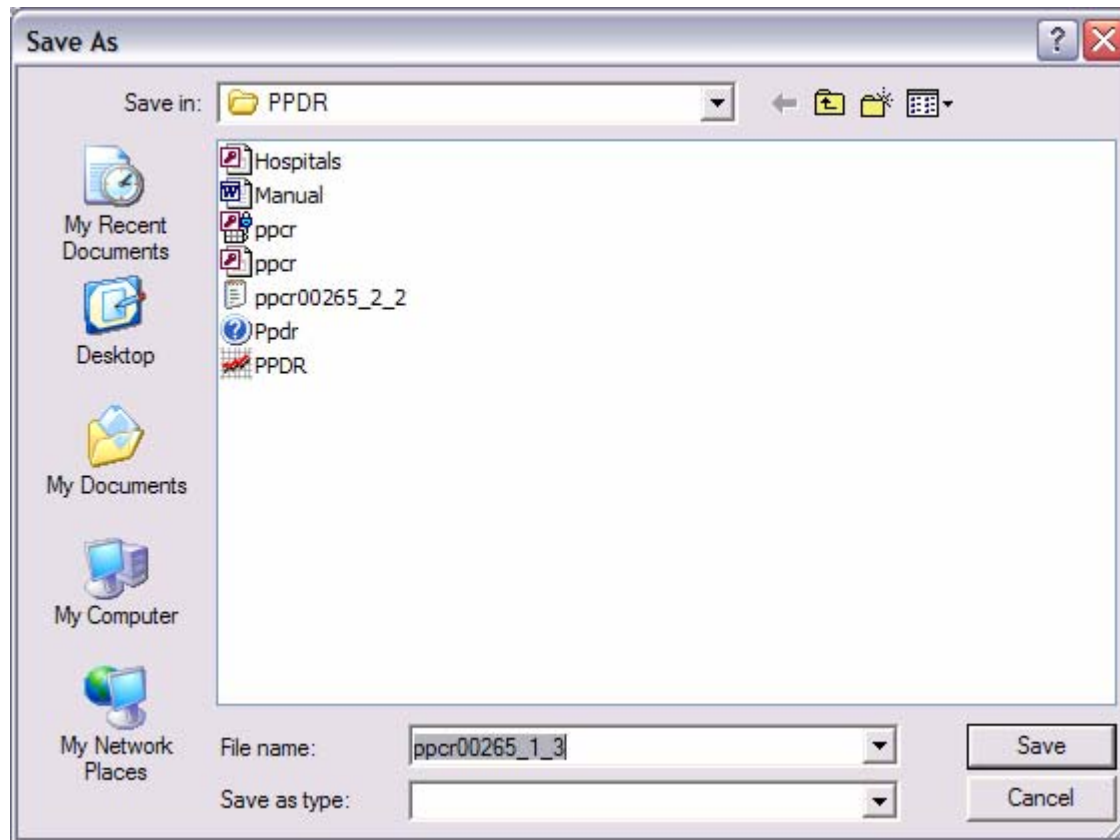
 Start Date: 01/01/2005  
End Date: 03/31/2005

Create File Menu

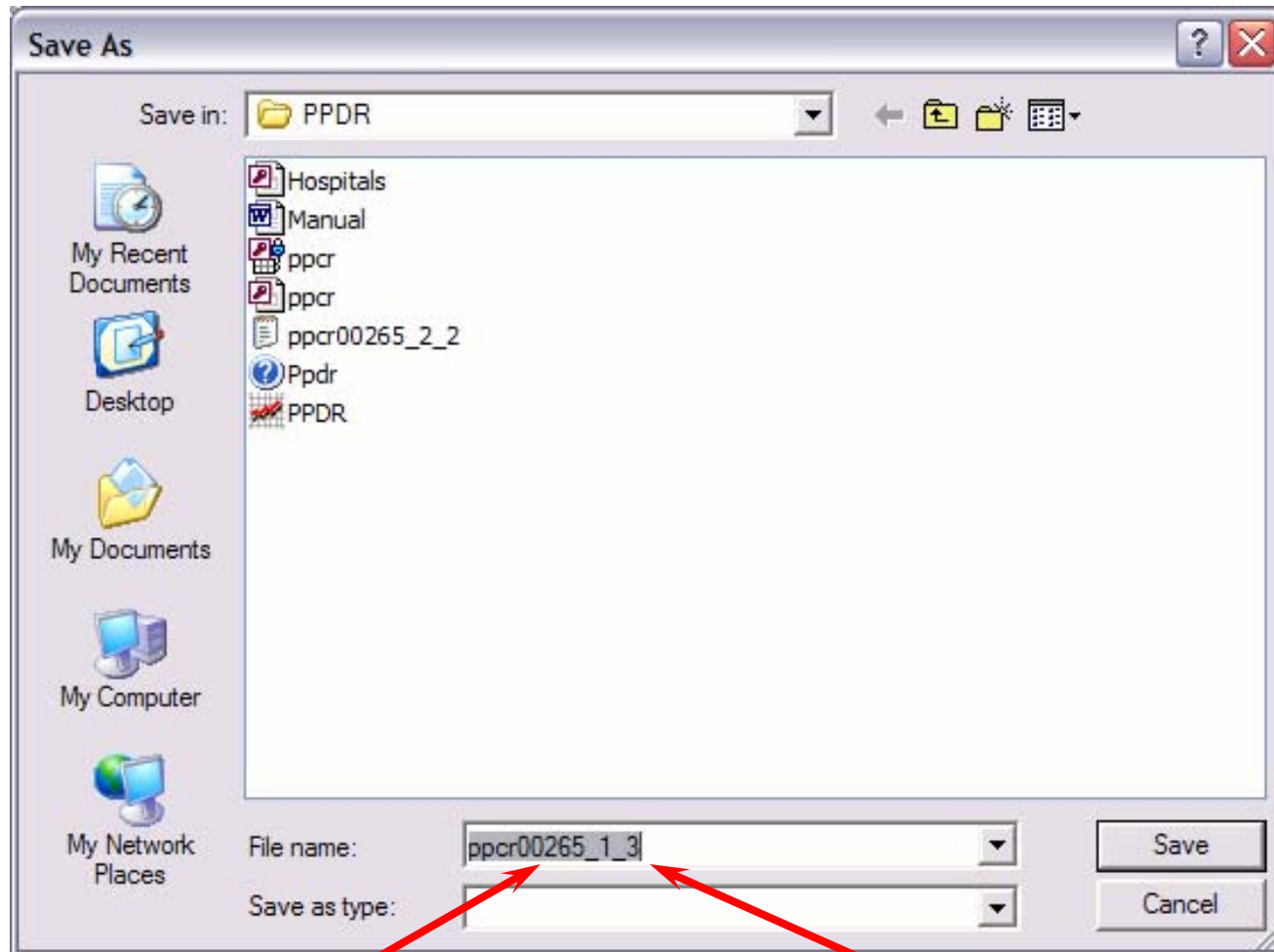
Then click “Create File”

# To Submit by Disk

The “Save As” Screen will appear

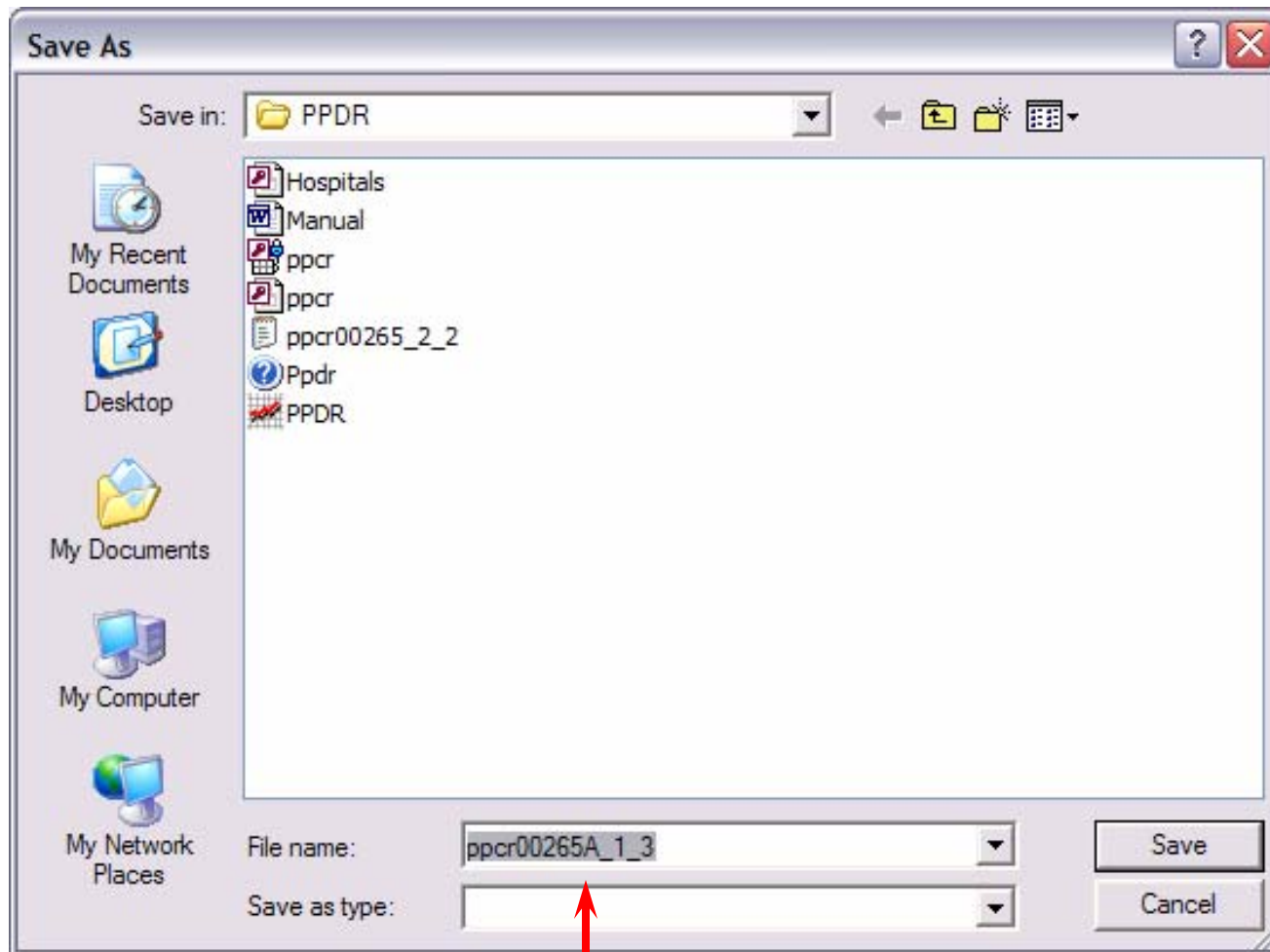


## Note the file name format



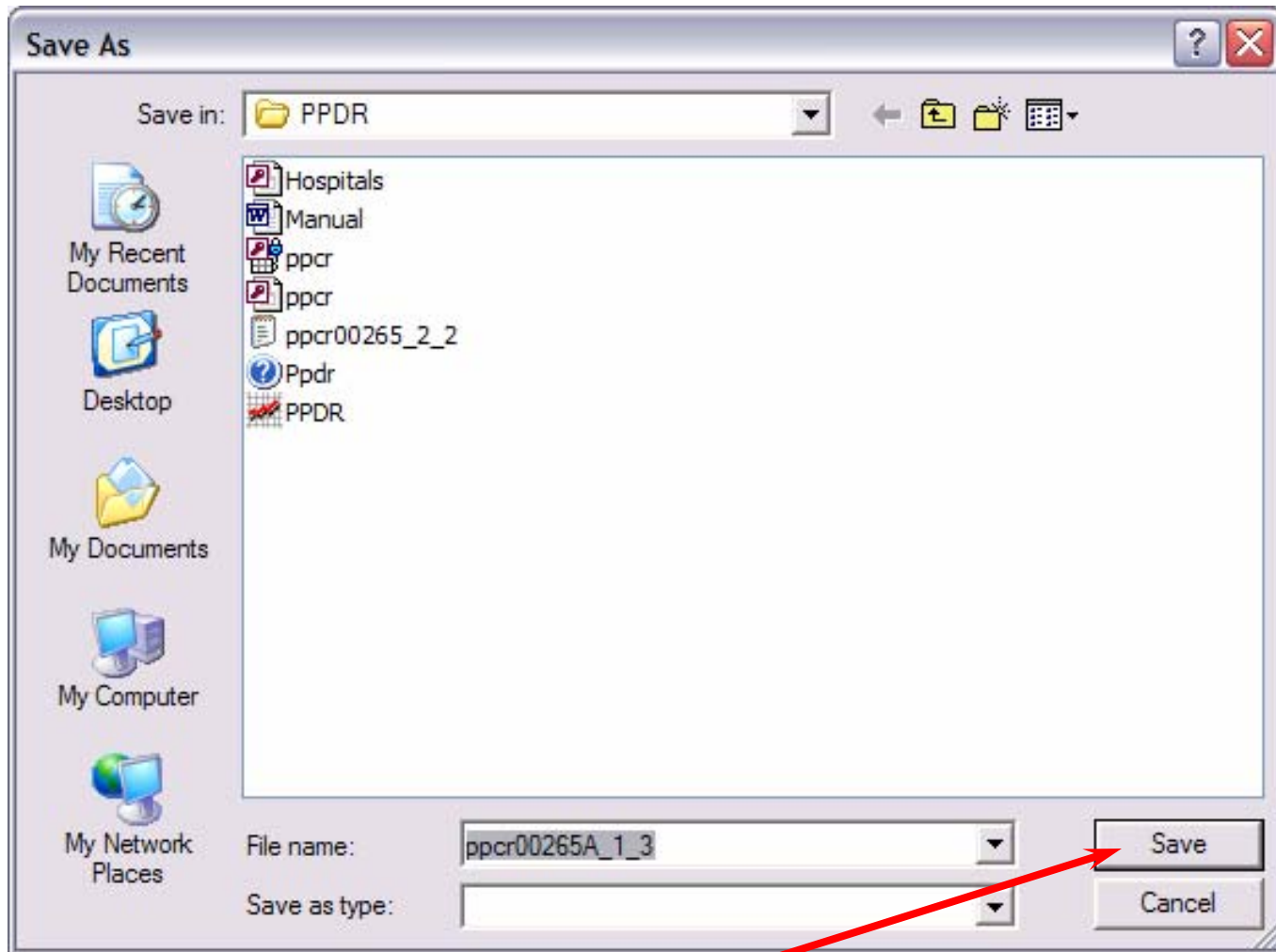
5 digit agency number

1<sup>st</sup> & last month of file

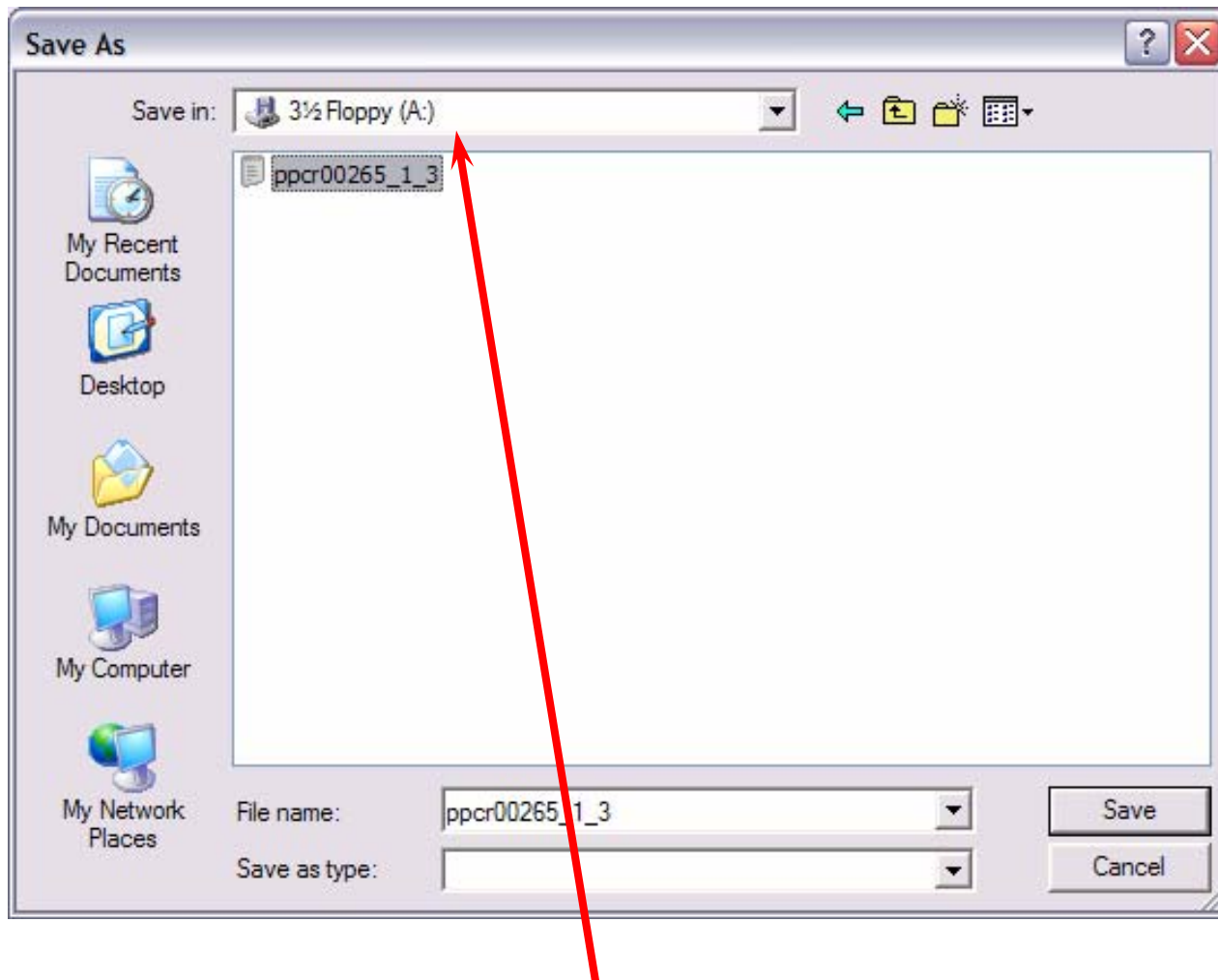


You can add a number or character after the agency to specify a second location, such as more than one station

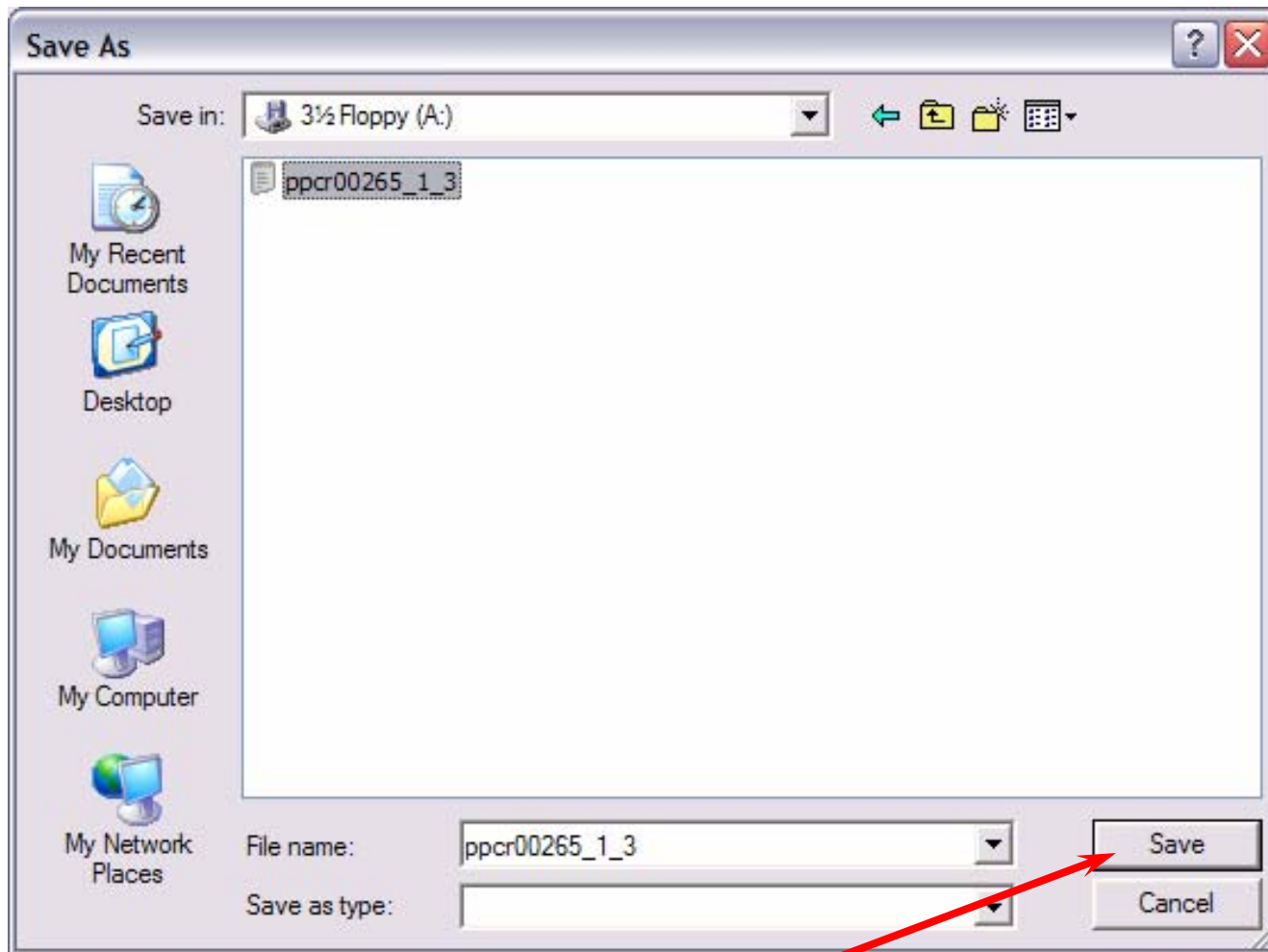




Then press “Save” and your file will be saved to the PPDR folder



You can also save the file directly to a floppy disk



Then press “Save” and your file will be saved to your floppy drive.

# To Submit by CD

- Using the CD Burning software on your computer, you can submit your agencies data on a CD. Just transfer the file saved in the PPDR folder to the CD and mail it to OEMS in a mailer designed for CD's.